

Minato City Prostate Cancer Screening Form and Results Report

Attach your prostate cancer checkup ticket here

Make sure to fill in the below area with the bold outline if you are going to receive a medical examination

Examination Date (YYYY/MM/DD): / /

*Firmly write with a ballpoint pen so your information shows up on the duplicate pages behind this.

Furigana reading			Date of Birth (YYYY/MM/DD)
Name			/ /
			Telephone Number: ()

[Questionnaire] (Please circle or fill in applicable items)

- Have you ever had a prostate cancer screening (PSA)?
A. No B. Yes (___ years ago, with a measurement of ___ ng/ml)
- Do you have any problems urinating? If so, what?
A. No B. Yes (_____)
- Do you have back pain?
A. No B. Yes
- Has anyone in your family had prostate cancer?
A. No
B. Yes (Relationship: Grandfather / grandmother / father / mother / siblings / uncle / aunt / cousin)
- After listening to and understanding the explanation from the doctor about prostate cancer screening, I will undergo the screening.

[Signature] _____

Result

(enter the measured value, then circle applicable result)

<PSA measurement values>

PSA measurement value	ng/ml
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Diagnosis classification		Standard values
Within normal range	Negative	4.0 ng / ml or less
Abnormal values (req. follow-up)	Possible positive	4.1 to 10.0ng / ml
	Positive	10.1ng / ml or more

1. Within normal range

The screening was within normal limits. However, prostate cancer screening may detect cancer within the normal range. As such, continue to regularly visit your doctor and monitor your own health. If you have any subjective symptoms such as back pain or abnormal urination, then consult your doctor as soon as possible.

2. Requires follow-up examination (transcribe the 9-digit key code onto the second sheet)

The examination revealed an abnormal value, and a further follow-up examination is required to confirm the diagnosis. Undergo a follow-up examination in accordance with instructions from the medical institution you visited.

(Expenses will be borne by the patient based on insurance coverage.)

Follow-up examination details

I have requested a follow-up examination at another medical institution.

(Name of medical institution:)

Primary medical institution name:
Doctor name:
Telephone number: ()

Ref. No.

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